

RAM Fee History Query

Revenue Accounting and Management

Name/Number: 10604201

Total Records Found: 4

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
07/01/2003	00000198	<u>1</u>	<u>1001</u>	\$750.00	06/30/2003	DA 240037
07/01/2003	00000199	<u>1</u>	<u>1201</u>	\$168.00	06/30/2003	DA 240037
07/01/2003	00000200	<u>1</u>	<u>1202</u>	\$360.00	06/30/2003	DA 240037
07/01/2003	00000074	<u>3</u>	<u>8021</u>	\$40.00	07/01/2003	DA 240037

Adjustment date: 10/07/2005 AKELLEY
 07/01/2003 MGE BREM1 00000090 240037 10604197
 01 FC:1001 750.00 CR
 02 FC:1201 168.00 CR
 03 FC:1202 360.00 CR

Adjustment Date: 10/07/2005 AKELLEY
 07/01/2003 RAMPTAS 00000040 240037 10604197
 01 FC:8021 40.00 CR

Adjustment date: 10/07/2005 AKELLEY
 07/01/2003 MGE BREM1 00000091 240037 10604198
 01 FC:1001 750.00 CR
 02 FC:1201 168.00 CR
 03 FC:1202 360.00 CR

Adjustment Date: 10/07/2005 AKELLEY
 07/01/2003 RAMPTAS 00000041 240037 10604198
 01 FC:8021 40.00 CR

Adjustment date: 10/07/2005 AKELLEY
 07/01/2003 MGE BREM1 00000092 240037 10604199
 01 FC:1001 750.00 CR
 02 FC:1201 168.00 CR
 03 FC:1202 360.00 CR

Adjustment Date: 10/07/2005 AKELLEY
 07/01/2003 RAMPTAS 00000042 240037 10604199
 01 FC:8021 40.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/22/05</u>		2 Serial/Patent # <u>10/604,197</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	<u>—</u>	<u>6/30/03</u>	\$ <u>1278.00</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input checked="" type="checkbox"/>	Assignment	<u>—</u>	<u>6/30/03</u>	\$ <u>40.00</u>							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ <u>1318.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">7</td> </tr> </table>			2	4	--	0	0	3	7
2	4	--	0	0	3	7					
<input type="checkbox"/> No Fee Due (Explanation):											
<u>App erroneously filed through EFS.</u> <u>App merged w/ 10/604,201</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>			TITLE: <u>Attorney</u>								
SIGNATURE: <u>Patricia Faison-Ball</u>			PHONE: <u>23212</u>								
OFFICE: <u>Petersons</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alana Kelle</u>			DATE: <u>10/7/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/22/05</u>		2 Serial/Patent # <u>10/604,198</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		/	6/30/03							
<input checked="" type="checkbox"/> Amendment										
Extension of Time										
Notice of Appeal/Appeal										
Petition										
Issue										
Cert of Correction/Terminal Disc.										
Maintenance										
<input checked="" type="checkbox"/> Assignment		/	6/30/03							
<input checked="" type="checkbox"/> Other										
		7 TOTAL AMOUNT OF REFUND								
		\$ 1318.00								
10 REASON:		8 TO BE REFUNDED BY:								
		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input checked="" type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>2</td><td>4</td><td>--</td><td>0</td><td>0</td><td>3</td><td>7</td> </tr> </table>		2	4	--	0	0	3	7
2	4	--	0	0	3	7				
<input type="checkbox"/> No Fee Due (Explanation):										
<p><i>app erroneously filed through EFS.</i></p> <p><i>app merged w/ 10/604,201</i></p>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Patricia Faison-Bull</u>		TITLE: <u>Attorney</u>								
SIGNATURE: <u>Patricia Faison-Bull</u>		PHONE: <u>23212</u>								
OFFICE: <u>Petitions</u>										

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APPROVED: <u>Alisa Kelly</u>		DATE: <u>10/7/05</u>								

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/22/05</u>		2 Serial/Patent # <u>10/604,199</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	/	6/30/03	\$ 1278.00							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input checked="" type="checkbox"/>	Assignment	/	6/30/03	\$ 40.00							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1318.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">2</td><td style="width: 20px;">4</td><td style="width: 20px;">--</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;">7</td></tr> </table>			2	4	--	0	0	3	7
2	4	--	0	0	3	7					
<div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> App erroneously filed through EFS App merged with 10/604,201 </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>2-3212</u>									
OFFICE: <u>Petition 3</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alice Kell</u>		DATE: <u>10/7/05</u>									

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